				BEST	AVA	ILABLE	CC)PY				
	PATENT A	PPLICATIO Effecti	N FEE DE			ON RECOF	RD	Ap	plication	or Do	ocket Num	ber
		CLAIMS AS	FILED - (Column		(Colui	mn 2)		ALL EN	ITITY	OR	OTHER SMALL	
то	TAL CLAIMS		16				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER F	NUMBER FILED		NUMBER EXTRA		ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			\ 6 minus 20= '		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					*	*		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT			+140=		.140-		1	+280=	
* If	the difference	in column 1 is	ess than ze	ro, ente	er "O" in c	olumn 2	L	TOTAL		OR OR	TOTAL	
••		LAIMS AS A						IOIAL		JOH	OTHER	THAN
	<u> </u>	(Column 1)			mn 2)	(Column 3)		SMALL I	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X42=		OR	X84=	
٩	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	IT CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	AL	DIT. FEE		J	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	.ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	independent	*	Minus	***		=]	X42=		OR	X84=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	IT CLAIM		J ├	.140		1	+280=	<u> </u>
							L	+140= TOTAL		OR	TOTAL	
						_	ΑC	DIT. FEE		OR	ADDIT. FEE	<u></u>
_		(Column 1) CLAIMS	access on managed accessor of		ımn 2) HEST	(Column 3)	1 -		ADDI	1		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT CL AIN	-	┧┞	X42=		OR	X84=	
	I =	***************	TIDLE DE		II CI AIR						-	-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+140=

TOTAL ADDIT. FEE

+280=

TOTAL ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FEE DUE

DATE:	07-08-	<u>o</u> 2	⊶.	44
TO:	Sector		•	
FROM:	Office of Initial Patent Examin	nation	•	
SUBJECT	Fee Due	, 17.01	4	
APPLICA	TION NUMBER: 7 5 7 5			· .
Office for t	e for the attached document sub- he following reason. Please che on to charge a deposit account. I appropriate fee. If an authorizat ciency.	ck the application	on for the appropron is present, plea	riate ise
□ Insuffic	ient fee by check			
Insuffic	ient funds in deposit account	·	: :	, * -
□ Decline	d credit card			
□ Non aut	horization for charge to deposit	account	•	
□ No fee s	submitted per requirement *		·	
The correct	fee code:/05	amount	\$_/3	0
The suspen	ded fee code: 197	amount	-\$	
Fee Due		amount	=\$	<u> </u>
•	any questions, please contact Cy tz at 703-308-3642.	Inthia Streater at	t 703-306-5430 or	ŗ
Terminal Or		L.		